

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Sarah McIntosh

Name

(2) 4521 NW 27th St

Address (number and street)

Lauderhill, FL 33313

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: _____

OFFICE USE ONLY

RECEIVED

JUL 10 2018

CITY CLERK'S OFFICE

(4) Check appropriate box(es):

☒ Candidate Office Sought: Lauderhill City Commissioner Seat 2

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 6 / 1 / 18 To 6 / 30 / 18 Report Type: MOB

☐ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . _____

Loans \$ _____ , _____ , 600.00

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 262.00

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 262.00

(8) Other Distributions

\$ _____ , _____ , 882.00

(9) TOTAL Monetary Contributions To Date

\$ _____ , 2,233.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , _____ . _____

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Sarah McIntosh

☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X Sarah McIntosh
Signature

(Type name) Sarah McIntosh

☒ Candidate ☐ Chairperson (only for PC and PTY)

X Sarah McIntosh
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Sarah M. Intush

(2) I.D. Number

(3) Cover Period 6 / 1 / 18 through 6 / 30 / 18

(4) Page 2 of 3

[illegible]

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Sarah McIntosh (2) I.D. Number _____

(3) Cover Period 6 / 1 / 18 through 6 / 30 / 18 (4) Page 2 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation				
6 / 17 / 18	Sarah McIntosh	S	CAN	LOA	-	-	600.00
1	4521 NW 27th Lauderhill FL 33313						
/ /							
/ /							
/ /							
/ /							
/ /							